

# SOLICITOR LICENSE APPLICATION

## APPLICANT INFORMATION

Applicant Name \_\_\_\_\_

Name of Organization \_\_\_\_\_

Organization Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Applicant Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Phone \_\_\_\_\_

***Applicant must attach a photo to this application***

## PRODUCT SALES INFORMATION

Product to be Sold \_\_\_\_\_

Date(s) When Product will be sold (not to exceed 5 days) \_\_\_\_\_

Area Product will be sold \_\_\_\_\_

Product Sales Hours \_\_\_\_\_

Illinois Sales Tax # \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

Date Approved \_\_\_\_\_

Expires \_\_\_\_\_

Fee: \$50.00 \_\_\_\_\_ Other \_\_\_\_\_

Approved by:

Police Department \_\_\_\_\_

Village of Antioch \_\_\_\_\_